



Unison Health Plan of the Capital Area, Inc.

(Notary Public Signature)

ASSETS

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1.	Bonds (Schedule D)				300,790
2.	Stocks (Schedule D)				
2.1	Preferred stocks				
2.2	Common Stocks				
3.	Mortgage loans on real estate (Schedule B):				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate (Schedule A):				
4.1	Properties occupied by the company (less \$.....0 encumbrances)				
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....(2,431,933) Schedule E Part 1), cash equivalents (\$.....0 Schedule E Part 2) and short-term investments (\$.....11,055,484 Schedule DA)	8,623,551		8,623,551	1,216,240
6.	Contract loans (including \$.....0 premium notes)				
7.	Other invested assets (Schedule BA)				
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets				
10.	Subtotals, cash and invested assets (Lines 1 to 9)	8,623,551		8,623,551	1,517,030
11.	Title plants less \$.....0 charged off (for Title insurers only)				
12.	Investment income due and accrued	18,173		18,173	9,886
13.	Premiums and considerations				
13.1	Uncollected premiums and agents' balances in the course of collection	3,551,683		3,551,683	
13.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums)				
13.3	Accrued retrospective premiums				
14.	Reinsurance:				
14.1	Amounts recoverable from reinsurers	28,845		28,845	
14.2	Funds held by or deposited with reinsured companies				
14.3	Other amounts receivable under reinsurance contracts				
15.	Amounts receivable relating to uninsured plans				
16.1	Current federal and foreign income tax recoverable and interest thereon	1,650,202		1,650,202	
16.2	Net deferred tax asset	682,261	344,903	337,358	
17.	Guaranty funds receivable or on deposit				
18.	Electronic data processing equipment and software				
19.	Furniture and equipment, including health care delivery assets (\$.....0)				
20.	Net adjustment in assets and liabilities due to foreign exchange rates				
21.	Receivables from parent, subsidiaries and affiliates				
22.	Health care (\$.....6,729) and other amounts receivable	16,822	10,093	6,729	
23.	Aggregate write-ins for other than invested assets	424,000		424,000	
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	14,995,537	354,996	14,640,541	1,526,916
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	Total (Lines 24 and 25)	14,995,537	354,996	14,640,541	1,526,916
DETAILS OF WRITE-INS					
0901.	.....			
0902.	.....			
0903.	.....			
0998.	Summary of remaining write-ins for Line 9 from overflow page				
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)				
2301.	State Income Tax Receivable	424,000		424,000	
2302.	.....			
2303.	.....			
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	424,000		424,000	

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....161,462 reinsurance ceded)	11,668,908		11,668,908	
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	473,215		473,215	
4.	Aggregate health policy reserves	1,700,000		1,700,000	
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued	73,105		73,105	
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	848,875		848,875	
16.	Payable for securities				
17.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers)				
18.	Reinsurance in unauthorized companies				
19.	Net adjustments in assets and liabilities due to foreign exchange rates				
20.	Liability for amounts held under uninsured plans				
21.	Aggregate write-ins for other liabilities (including \$.....0 current)				
22.	Total liabilities (Lines 1 to 21)	14,764,103		14,764,103	
23.	Aggregate write-ins for special surplus funds	X X X	X X X		
24.	Common capital stock	X X X	X X X	1,000	1,000
25.	Preferred capital stock	X X X	X X X		
26.	Gross paid in and contributed surplus	X X X	X X X	4,499,000	1,499,000
27.	Surplus notes	X X X	X X X		
28.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
29.	Unassigned funds (surplus)	X X X	X X X	(4,623,562)	26,916
30.	Less treasury stock, at cost:				
30.1	.....0 shares common (value included in Line 24 \$.....0)	X X X	X X X		
30.2	.....0 shares preferred (value included in Line 25 \$.....0)	X X X	X X X		
31.	Total capital and surplus (Lines 23 to 29 minus Line 30)	X X X	X X X	(123,562)	1,526,916
32.	Total Liabilities, capital and surplus (Lines 22 and 31)	X X X	X X X	14,640,541	1,526,916
DETAILS OF WRITE-INS					
2101.	.....			
2102.	.....			
2103.	.....			
2198.	Summary of remaining write-ins for Line 21 from overflow page				
2199.	TOTALS (Lines 2101 through 2103 plus 2198) (Line 21 above)				
2301.	.....	X X X	X X X		
2302.	.....	X X X	X X X		
2303.	.....	X X X	X X X		
2398.	Summary of remaining write-ins for Line 23 from overflow page	X X X	X X X		
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	X X X	X X X		
2801.	.....	X X X	X X X		
2802.	.....	X X X	X X X		
2803.	.....	X X X	X X X		
2898.	Summary of remaining write-ins for Line 28 from overflow page	X X X	X X X		
2899.	TOTALS (Lines 2801 through 2803 plus 2898) (Line 28 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	X X X	165,783	
2.	Net premium income (including \$.....0 non-health premium income)	X X X	32,571,324	
3.	Change in unearned premium reserves and reserve for rate credits	X X X		
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X		
5.	Risk revenue	X X X		
6.	Aggregate write-ins for other health care related revenues	X X X		
7.	Aggregate write-ins for other non-health revenues	X X X		
8.	Total revenues (Lines 2 to 7)	X X X	32,571,324	
Hospital and Medical:				
9.	Hospital/medical benefits		25,021,957	
10.	Other professional services		3,504,843	
11.	Outside referrals			
12.	Emergency room and out-of-area		2,608,805	
13.	Prescription drugs		1,610,577	
14.	Aggregate write-ins for other hospital and medical		106,790	
15.	Incentive pool, withhold adjustments and bonus amounts			
16.	Subtotal (Lines 9 to 15)		32,852,972	
Less:				
17.	Net reinsurance recoveries		190,307	
18.	Total hospital and medical (Lines 16 minus 17)		32,662,665	
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$.536,741 cost containment expenses		1,286,432	
21.	General administrative expenses		3,683,659	
22.	Increase in reserves for life and accident and health contracts (including \$.0 increase in reserves for life only)		1,700,000	
23.	Total underwriting deductions (Lines 18 through 22)		39,332,756	
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(6,761,432)	
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		133,487	26,916
26.	Net realized capital gains (losses) less capital gains tax of \$.0			
27.	Net investment gains (losses) (Lines 25 plus 26)		133,487	26,916
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.0) (amount charged off \$.0)]			
29.	Aggregate write-ins for other income or expenses			
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(6,627,945)	26,916
31.	Federal and foreign income taxes incurred	X X X	(1,650,202)	
32.	Net income (loss) (Lines 30 minus 31)	X X X	(4,977,743)	26,916
DETAILS OF WRITE-INS				
0601.	.....	X X X		
0602.	.....	X X X		
0603.	.....	X X X		
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X		
0701.	.....	X X X		
0702.	.....	X X X		
0703.	.....	X X X		
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799.	TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401.	Miscellaneous Medical Expenses		106,790	
1402.	.....		
1403.	.....		
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		106,790	
2901.	.....		
2902.	.....		
2903.	.....		
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	1,526,916	
34.	Net income or (loss) from Line 32	(4,977,743)	26,916
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0		
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax	682,261	
39.	Change in nonadmitted assets	(354,996)	
40.	Change in unauthorized reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
44.1	Paid in		1,000
44.2	Transferred from surplus (Stock Dividend)		
44.3	Transferred to surplus		
45.	Surplus adjustments:		
45.1	Paid in	3,000,000	1,499,000
45.2	Transferred to capital (Stock Dividend)		
45.3	Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus		
48.	Net change in capital and surplus (Lines 34 to 47)	(1,650,478)	1,526,916
49.	Capital and surplus end of reporting year (Line 33 plus 48)	(123,562)	1,526,916
DETAILS OF WRITE-INS			
4701.	.....	
4702.	.....	
4703.	.....	
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		

CASH FLOW

		1	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	30,719,641	
2.	Net investment income	125,990	17,459
3.	Miscellaneous income		
4.	Total (Lines 1 through 3)	30,845,631	17,459
5.	Benefit and loss related payments	22,739,424	
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	3,998,896	
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)		
10.	Total (Lines 5 through 9)	26,738,320	
11.	Net cash from operations (Line 4 minus 10)	4,107,311	17,459
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	300,000	
12.2	Stocks		
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7	Miscellaneous proceeds		
12.8	Total investment proceeds (Lines 12.1 to 12.7)	300,000	
13.	Cost of investments acquired (long-term only):		
13.1	Bonds		301,219
13.2	Stocks		
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications		
13.7	Total investments acquired (Lines 13.1 to 13.6)		301,219
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	300,000	(301,219)
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock	3,000,000	1,500,000
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders		
16.6	Other cash provided (applied)		
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	3,000,000	1,500,000
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	7,407,311	1,216,240
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	1,216,240	
19.2	End of year (Line 18 plus Line 19.1)	8,623,551	1,216,240

Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001			
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	2	3	4	5	6	7	8	9	10
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1.	Net premium income	32,571,324	16,440,432						16,130,892		
2.	Change in unearned premium reserves and reserve for rate credit										
3.	Fee-for-service (net of \$.....0 medical expenses)										X X X
4.	Risk revenue										X X X
5.	Aggregate write-ins for other health care related revenues										X X X
6.	Aggregate write-ins for other non-health care related revenues		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7.	Total revenues (Lines 1 to 6)	32,571,324	16,440,432						16,130,892		
8.	Hospital/medical benefits	25,021,957	15,735,409						9,286,548		X X X
9.	Other professional services	3,504,843	1,828,085						1,676,758		X X X
10.	Outside referrals										X X X
11.	Emergency room and out-of-area	2,608,805	1,172,173						1,436,632		X X X
12.	Prescription drugs	1,610,577	231,258						1,379,319		X X X
13.	Aggregate write-ins for other hospital and medical	106,790	105,958						832		X X X
14.	Incentive pool, withhold adjustments and bonus amounts										X X X
15.	Subtotal (Lines 8 to 14)	32,852,972	19,072,883						13,780,089		X X X
16.	Net reinsurance recoveries	190,307	59,784						130,523		X X X
17.	Total hospital and medical (Lines 15 minus 16)	32,662,665	19,013,099						13,649,566		X X X
18.	Non-health claims (net)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19.	Claims adjustment expenses including \$.....536,741 cost containment expenses	1,286,432	670,457						615,975		
20.	General administrative expenses	3,683,659	1,872,696						1,810,963		
21.	Increase in reserves for accident and health contracts	1,700,000	222,000						1,478,000		X X X
22.	Increase in reserves for life contracts		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23.	Total underwriting deductions (Lines 17 to 22)	39,332,756	21,778,252						17,554,504		
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	(6,761,432)	(5,337,820)						(1,423,612)		
DETAILS OF WRITE-INS											
0501.	0										X X X
0502.	.....										X X X
0503.	.....										X X X
0598.	Summary of remaining write-ins for Line 5 from overflow page										X X X
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										X X X
0601.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698.	Summary of remaining write-ins for Line 6 from overflow page		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301.	Miscellaneous Medical Expense	106,790	105,958						832		X X X
1302.	.....										X X X
1303.	.....										X X X
1398.	Summary of remaining write-ins for Line 13 from overflow page										X X X
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)	106,790	105,958						832		X X X

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

		1	2	3	4
Line of Business		Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Columns 1 + 2 - 3)
1.	Comprehensive (hospital and medical)	16,511,967		71,535	16,440,432
2.	Medicare Supplement				
3.	Dental only				
4.	Vision only				
5.	Federal Employees Health Benefits Plan				
6.	Title XVIII - Medicare				
7.	Title XIX - Medicaid	16,216,655		85,763	16,130,892
8.	Other health				
9.	Health subtotal (Lines 1 through 8)	32,728,622		157,298	32,571,324
10.	Life				
11.	Property/casualty				
12.	TOTALS (Lines 9 to 11)	32,728,622		157,298	32,571,324

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	21,039,424	11,967,606						9,071,818		
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	21,039,424	11,967,606						9,071,818		
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	11,830,370	7,105,276						4,725,094		
3.2 Reinsurance assumed										
3.3 Reinsurance ceded	161,462	30,939						130,523		
3.4 Net	11,668,908	7,074,337						4,594,571		
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)	16,822							16,822		
7. Amounts recoverable from reinsurers December 31, current year	28,845	28,845								
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct										
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net										
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	32,852,972	19,072,882						13,780,090		
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	190,307	59,784						130,523		
12.4 Net	32,662,665	19,013,098						13,649,567		
13. Incurred medical incentive pools and bonuses										

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	5,114,065	2,691,304						2,422,761		
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	5,114,065	2,691,304						2,422,761		
2. Incurred but Unreported:										
2.1 Direct	6,716,305	4,413,972						2,302,333		
2.2 Reinsurance assumed										
2.3 Reinsurance ceded	161,462	30,939						130,523		
2.4 Net	6,554,843	4,383,033						2,171,810		
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS										
4.1 Direct	11,830,370	7,105,276						4,725,094		
4.2 Reinsurance assumed										
4.3 Reinsurance ceded	161,462	30,939						130,523		
4.4 Net	11,668,908	7,074,337						4,594,571		

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

		Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
		1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
Line of Business							
1.	Comprehensive (hospital and medical)		11,938,762		7,074,338		
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid		9,071,817		4,594,570		
8.	Other health						
9.	Health subtotal (Lines 1 to 8)		21,010,579		11,668,908		
10.	Healthcare receivables (a)		16,822				
11.	Other non-health						
12.	Medical incentive pool and bonus amounts						
13.	TOTALS (Lines 9 - 10 + 11 + 12)		20,993,757		11,668,908		

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2004	2 2005	3 2006	4 2007	5 2008
1.	Prior .....	.....	.....	.....	.....	.....
2.	2004 .....	.....	.....	.....	.....	.....
3.	2005	X X X .....	.....	.....	.....	.....
4.	2006	X X X	X X X .....	.....	.....	.....
5.	2007	X X X	X X X	X X X .....	.....	.....
6.	2008	X X X	X X X	X X X	X X X	20,994

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2004	2 2005	3 2006	4 2007	5 2008
1.	Prior .....	.....	.....	.....	.....	.....
2.	2004 .....	.....	.....	.....	.....	.....
3.	2005	X X X .....	.....	.....	.....	.....
4.	2006	X X X	X X X .....	.....	.....	.....
5.	2007	X X X	X X X	X X X .....	.....	.....
6.	2008	X X X	X X X	X X X	X X X	32,663

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2004 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.	2005 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2006 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	2007 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5.	2008	32,571	20,994	813	3.870	21,807	66.951	11,669	473	33,949	104.229

12 Total

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Hospital and Medical
Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2004	2 2005	3 2006	4 2007	5 2008
1.	Prior .....	.....	.....	.....	.....	.....
2.	2004 .....	.....	.....	.....	.....	.....
3.	2005	X X X .....	.....	.....	.....	.....
4.	2006	X X X	X X X .....	.....	.....	.....
5.	2007	X X X	X X X	X X X .....	.....	.....
6.	2008	X X X	X X X	X X X	X X X	11,939

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2004	2 2005	3 2006	4 2007	5 2008
1.	Prior .....	.....	.....	.....	.....	.....
2.	2004 .....	.....	.....	.....	.....	.....
3.	2005	X X X .....	.....	.....	.....	.....
4.	2006	X X X	X X X .....	.....	.....	.....
5.	2007	X X X	X X X	X X X .....	.....	.....
6.	2008	X X X	X X X	X X X	X X X	19,013

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2004 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.	2005 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2006 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	2007 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5.	2008	16,440	11,939	391	3.271	12,330	74.997	7,074	279	19,683	119.723

12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement . .	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XVIII-Medicare	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XVIII-Medicare	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XVIII-Medicare	NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Title XIX - Medicaid

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2004	2 2005	3 2006	4 2007	5 2008
1.	Prior .....	.....	.....	.....	.....	.....
2.	2004 .....	.....	.....	.....	.....	.....
3.	2005	X X X .....	.....	.....	.....	.....
4.	2006	X X X	X X X .....	.....	.....	.....
5.	2007	X X X	X X X	X X X .....	.....	.....
6.	2008	X X X	X X X	X X X	X X X	9,055

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2004	2 2005	3 2006	4 2007	5 2008
1.	Prior .....	.....	.....	.....	.....	.....
2.	2004 .....	.....	.....	.....	.....	.....
3.	2005	X X X .....	.....	.....	.....	.....
4.	2006	X X X	X X X .....	.....	.....	.....
5.	2007	X X X	X X X	X X X .....	.....	.....
6.	2008	X X X	X X X	X X X	X X X	13,650

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2004 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.	2005 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2006 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	2007 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5.	2008	16,131	9,055	422	4.660	9,477	58.750	4,595	194	14,266	88.438

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Other

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2004	2 2005	3 2006	4 2007	5 2008
1.	Prior					
2.	2004					
3.	2005					
4.	2006					
5.	2007					
6.	2008					

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2004	2 2005	3 2006	4 2007	5 2008
1.	Prior					
2.	2004					
3.	2005					
4.	2006					
5.	2007					
6.	2008					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2004										
2.	2005										
3.	2006										
4.	2007										
5.	2008										

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves									
2. Additional policy reserves (a)	1,700,000	222,000						1,478,000	
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$.....0) for investment income									
5. Aggregate write-ins for other policy reserves									
6. Totals (gross)	1,700,000	222,000						1,478,000	
7. Reinsurance ceded									
8. Totals (Net) (Page 3, Line 4)	1,700,000	222,000						1,478,000	
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. Totals (gross)									
13. Reinsurance ceded									
14. Totals (Net) (Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page ..									
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)									
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page .									
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)									

(a) Includes \$.....1,700,000 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1	2			
		Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$.....0 for occupancy of own building)	41,362	46,757	94,891		183,010
2.	Salaries, wages and other benefits	333,261	173,141	1,452,806		1,959,208
3.	Commissions (less \$.....0 ceded plus \$.....0 assumed)					
4.	Legal fees and expenses			3,368		3,368
5.	Certifications and accreditation fees			18,977		18,977
6.	Auditing, actuarial and other consulting services			276,370		276,370
7.	Traveling expenses			121,770		121,770
8.	Marketing and advertising			807,624		807,624
9.	Postage, express and telephone		33,545	192,646		226,191
10.	Printing and office supplies			465,426		465,426
11.	Occupancy, depreciation and amortization					
12.	Equipment			92,580		92,580
13.	Cost or depreciation of EDP equipment and software	15,646	5,219	115,357		136,222
14.	Outsourced services including EDP, claims, and other services	11,120	2,703			13,823
15.	Boards, bureaus and association fees			18,617		18,617
16.	Insurance, except on real estate			15,633		15,633
17.	Collection and bank service charges			5,032		5,032
18.	Group service and administration fees	103,734				103,734
19.	Reimbursements by uninsured plans					
20.	Reimbursements from fiscal intermediaries					
21.	Real estate expenses					
22.	Real estate taxes					
23.	Taxes, licenses and fees:					
23.1	State and local insurance taxes					
23.2	State premium taxes					
23.3	Regulator authority licenses and fees			169		169
23.4	Payroll taxes	30,293	14,232	118,388		162,913
23.5	Other (excluding federal income and real estate taxes)			7,961		7,961
24.	Investment expenses not included elsewhere					
25.	Aggregate write-ins for expenses	1,325	474,094	(123,957)		351,462
26.	Total expenses incurred (Lines 1 to 25)	536,741	749,691	3,683,658		(a) ... 4,970,090
27.	Less expenses unpaid December 31, current year		473,215	497,980		971,195
28.	Add expenses unpaid December 31, prior year					
29.	Amounts receivable relating to uninsured plans, prior year					
30.	Amounts receivable relating to uninsured plans, current year					
31.	Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	536,741	276,476	3,185,678		3,998,895
DETAILS OF WRITE-INS						
2501.	Claims Adjustment Expense		473,215			473,215
2502.	Recruiting			3,321		3,321
2503.	Temporary Help	1,325	879	14,433		16,637
2598.	Summary of remaining write-ins for Line 25 from overflow page			(141,711)		(141,711)
2599.	Totals (Lines 2501 through 2503 + 2598) (Line 25 above)	1,325	474,094	(123,957)		351,462

(a) Includes management fees of \$.....4,315,999 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a)..... 13,835	..... 8,960
1.1	Bonds exempt from U.S. tax	(a).....	.....
1.2	Other bonds (unaffiliated)	(a).....	.....
1.3	Bonds of affiliates	(a).....	.....
2.1	Preferred stocks (unaffiliated)	(b).....	.....
2.11	Preferred stocks of affiliates	(b).....	.....
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c).....	
4.	Real estate	(d).....	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e)..... 122,178	..... 124,527
7.	Derivative instruments	(f).....	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income .....	..... 136,013	..... 133,487
11.	Investment expenses	(g).....	
12.	Investment taxes, licenses and fees, excluding federal income taxes	(g).....	
13.	Interest expense	(h).....	
14.	Depreciation on real estate and other invested assets	(i).....	
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		
17.	Net Investment income (Line 10 minus Line 16) .....	..... 133,487	
DETAILS OF WRITE-INS			
0901.	.....	
0902.	.....	
0903.	.....	
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above)		
1501.	.....	
1502.	.....	
1503.	.....	
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15, above)		
(a) Includes \$.0 accrual of discount less \$.790 amortization of premium and less \$.0 paid for accrued interest on purchases.			
(b) Includes \$.0 accrual of discount less \$.0 amortization of premium and less \$.0 paid for accrued dividends on purchases.			
(c) Includes \$.0 accrual of discount less \$.0 amortization of premium and less \$.0 paid for accrued interest on purchases.			
(d) Includes \$.0 for company's occupancy of its own buildings; and excludes \$.0 interest on encumbrances.			
(e) Includes \$.0 accrual of discount less \$.754 amortization of premium and less \$.0 paid for accrued interest on purchases.			
(f) Includes \$.0 accrual of discount less \$.0 amortization of premium.			
(g) Includes \$.0 investment expenses and \$.0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.			
(h) Includes \$.0 interest on surplus notes and \$.0 interest on capital notes.			
(i) Includes \$.0 depreciation on real estate and \$.0 depreciation on other invested assets.			

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	.....	.....	.....	.....	.....
1.1	Bonds exempt from U.S. tax .....	.....	.....	.....	.....	.....
1.2	Other bonds (unaffiliated) .....	.....	.....	.....	.....	.....
1.3	Bonds of affiliates .....	.....	.....	.....	.....	.....
2.1	Preferred stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.11	Preferred stocks of affiliates .....	.....	.....	.....	.....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....	.....	.....	.....
3.	Mortgage loans .....	.....	.....	.....	.....	.....
4.	Real estate .....	.....	.....	.....	.....	.....
5.	Contract loans .....	.....	.....	.....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	.....	.....	.....	.....	.....
7.	Derivative instruments .....	.....	.....	.....	.....	.....
8.	Other invested assets .....	.....	.....	.....	.....	.....
9.	Aggregate write-ins for capital gains (losses) .....	.....	.....	.....	.....	.....
10.	Total capital gains (losses) .....	.....	.....	.....	.....	.....
DETAILS OF WRITE-INS						
0901.	.....	.....	.....	.....	.....	.....
0902.	.....	.....	.....	.....	.....	.....
0903.	.....	.....	.....	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....	.....	.....
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above) .....	.....	.....	.....	.....	.....

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
2.1	Preferred stocks			
2.2	Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
3.1	First liens			
3.2	Other than first liens			
4.	Real estate (Schedule A):			
4.1	Properties occupied by the company			
4.2	Properties occupied for the production of income			
4.3	Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6.	Contract loans			
7.	Other invested assets (Schedule BA)			
8.	Receivables for securities			
9.	Aggregate write-ins for invested assets			
10.	Subtotals, cash and invested assets (Lines 1 to 9)			
11.	Title plants (for Title insurers only)			
12.	Invested income due and accrued			
13.	Premium and considerations:			
13.1	Uncollected premiums and agents' balances in the course of collection			
13.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due			
13.3	Accrued retrospective premiums			
14.	Reinsurance:			
14.1	Amounts recoverable from reinsurers			
14.2	Funds held by or deposited with reinsured companies			
14.3	Other amounts receivable under reinsurance contracts			
15.	Amounts receivable relating to uninsured plans			
16.1	Current federal and foreign income tax recoverable and interest thereon			
16.2	Net deferred tax asset	344,903		(344,903)
17.	Guaranty funds receivable or on deposit			
18.	Electronic data processing equipment and software			
19.	Furniture and equipment, including health care delivery assets			
20.	Net adjustment in assets and liabilities due to foreign exchange rates			
21.	Receivables from parent, subsidiaries and affiliates			
22.	Health care and other amounts receivable	10,093		(10,093)
23.	Aggregate write-ins for other than invested assets			
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	354,996		(354,996)
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
26.	Total (Lines 24 and 25)	354,996		(354,996)
DETAILS OF WRITE-INS				
0901.	.....		
0902.	.....		
0903.	.....		
0998.	Summary of remaining write-ins for Line 9 from overflow page			
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)			
2301.	.....		
2302.	.....		
2303.	.....		
2398.	Summary of remaining write-ins for Line 23 from overflow page			
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)			

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment		Total Members at End of					6
		1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1.	Health Maintenance Organizations .....	.....	.....	..... 780	..... 28,378	..... 27,430	..... 165,783
2.	Provider Service Organizations .....	.....	.....	.....	.....	.....	.....
3.	Preferred Provider Organizations .....	.....	.....	.....	.....	.....	.....
4.	Point of Service .....	.....	.....	.....	.....	.....	.....
5.	Indemnity Only .....	.....	.....	.....	.....	.....	.....
6.	Aggregate write-ins for other lines of business .....	.....	.....	.....	.....	.....	.....
7.	TOTAL .....	.....	.....	..... 780	..... 28,378	..... 27,430	..... 165,783
DETAILS OF WRITE-INS							
0601.	.....	.....	.....	.....	.....	.....	.....
0602.	.....	.....	.....	.....	.....	.....	.....
0603.	.....	.....	.....	.....	.....	.....	.....
0698.	Summary of remaining write-ins for Line 6 from overflow page .....	.....	.....	.....	.....	.....	.....
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	.....	.....	.....	.....	.....	.....

Notes to Financial Statement

1. Summary of Significant Accounting Policies:

- A. The accompanying statement has been prepared in conformity with the NAIC *Accounting Practices and Procedures Manual* except to the extent that state law differs or where NAIC statutory accounting practices and procedures do not address the accounting for the transaction. There are no state prescribed differences that are applicable to Unison Health Plan of the Capital Area, Inc. (the Company).
- B. The preparation of financial statements in conformity with the Annual Statement Instructions and *Accounting Practices and Procedures Manual* requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.
- C. The government of the District of Columbia, Office of Contracting and Procurement, on behalf of the Department of Health Care Finance, pays premiums to the Company on a monthly basis. All amounts are recognized as revenue during the time that the Company is obligated to provide health services to its enrollees.

The Company contracts with various health care providers for the provision of certain medical care services to its members. The Company compensates those providers on a capitation or unit of service basis. The cost of health care services provided or contracted for is accrued in the period in which the service is provided to a member based in part on estimates, including an accrual for medical services provided but not reported to the Company.

Health Plan Operations Outsourcing fees paid to Unison Administrative Services, LLC (UAS) are allocated to each expense line pro rata based on the expenses incurred by UAS. Expenses incurred by UAS, which are not directly attributable to a specific HMO, are allocated to its contracted HMOs based on relevant factors which management has determined are valid bases for allocations. Examples are: call volume, claims volume and member months.

For Investment Schedules D - Part 1A - Section 1, D Part 1A - Section 2, and Schedule DA – Verification Between Years, beginning 2008 balances have been restated from the prior year to include amounts previously classified as cash that have been reclassified as short term investments. These amounts had been previously reported on Schedule E – Part 1 - Cash in 2007.

The following accounting policies materially affect the assets, liabilities, capital and surplus or results of operations:

- (1) The Company reports short term investments at book value which is substantially equivalent to their fair value.
- (2) The Company reports bonds at amortized cost using the scientific (effective) yield-to-worst method.
- (3) The Company has no investments in common stocks.
- (4) The Company has no investments in preferred stocks.
- (5) The Company has no investments in mortgage loans.
- (6) The Company has no investments in loan-backed securities.
- (7) The Company has no investments in subsidiaries, controlled and affiliated companies.
- (8) The Company has no investments in joint ventures, partnerships or limited liability companies.
- (9) The Company has no investments in derivatives.
- (10) The Company did not utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) The Company records a liability for claims and claims adjustment expenses, which are expected to be paid after the end of the reporting period for services provided to members during the period. The liabilities for the Medicaid and Alliance lines of business are based on current membership and budget information as sufficient historical data is not available for the year ending December 31, 2008. As estimates are used in establishing these liabilities, the ultimate amounts may be in excess or less than the amounts reported on this statement. These accruals are continually monitored and reviewed and, as settlements are made or accruals adjusted, differences are reflected in current operations.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) Company estimates current quarter Pharmaceutical rebates per member per month (PMPM) based on previous history, adjusted for known reductions in rebates. The first previous quarter is reported based on the report from our pharmacy benefit manager (PBM) listing rebates invoiced. The Company generally receives a notice from the PBM in the second month following the end of each quarter, listing the rebate amounts billed by manufacturer.

2. Accounting Changes and Corrections of Errors:

- A. The Company had no accounting changes or corrections of errors.

3. Business Combinations and Goodwill:

- A. The Company has no business combinations or goodwill to report.

4. Discontinued Operations:

- A. The Company has no discontinued operations to report.

5. Investments:

- A. The Company has no investments in Mortgage Loans, including Mezzanine Real Estate Loans.
- B. The Company has no investments in Debt Restructuring.

Notes to Financial Statement

- C. The Company has no investments in Reverse Mortgages.
 - D. The Company has no investments in Loan-Backed Securities.
 - E. The Company has no investments in Repurchase Agreements.
 - F. The Company has no investments in Real Estate.
 - G. The Company has no investments in Low-Income Housing Tax Credits (LIHTC).
6. Joint Ventures, Partnerships and Limited Liability Companies:
- A. The Company has no Investments in Joint Ventures, Partnerships or Limited Liability Companies.
7. Investment Income:
- A. Investment income due and accrued with amounts over 90 days past due are non-admitted.
 - B. At December 31, 2008, no investment income was non-admitted.
8. Derivative Instruments:
- A. The Company has no investments in Derivative Instruments.
9. Income Taxes:

Three Rivers Holdings, Inc. (Holdings), the Company’s parent, had made an election to be treated as an S Corp for federal and state tax purposes and it had made an election to treat the Company as a qualified subchapter S subsidiary for federal and state tax purposes prior to the acquisition of Holdings by AmeriChoice (see Note 10. A. B. C. & D. (3)). As a result of the QSST election, the Company was treated as a division of Holdings for income tax purposes and the results of its operations were included in the Holdings’ income tax returns for the pre-acquisition period. As a result of the QSST election, the Company has recorded no deferred income tax asset (DTA) or deferred tax liability (DTL) for the pre-acquisition period. SSAP 10, Income Taxes, does not address QSSTs.

The Company’s operations are included in the consolidated federal income tax return of UnitedHealth Group. Federal income taxes are paid to or refunded by UnitedHealth Group pursuant to the terms of a tax-sharing agreement, approved by the Board of Directors, under which taxes approximate the amount that would have been computed on a separate company basis. Income taxes incurred in the current and prior years will be available for recoupment by the Company only in the event of future net losses of consolidated UnitedHealth Group. The Company receives a benefit at the federal rate in the current year for net losses incurred in that year to the extent losses can be utilized in the consolidated federal income tax return of UnitedHealth Group. UnitedHealth Group currently files income tax returns in the United States federal jurisdiction, various states, and foreign jurisdictions. The U.S. Internal Revenue Service (IRS) has completed exams on UnitedHealth Group’s consolidated income tax returns for fiscal years 2007 and prior. UnitedHealth Group’s 2008 tax return is under advance review by the IRS under its Compliance Assurance Program. With the exception of a few states, UnitedHealth Group is no longer subject to income tax examinations prior to 2002 in major state and foreign jurisdictions. The Company does not believe any adjustments that may result from these examinations will be material to the Company.

Federal income taxes recoverable of \$1,650,202 and federal income taxes payable of \$0 in 2008 and 2007, respectively, are included in the accompanying statutory basis statements of admitted assets, liabilities, and capital and surplus.

Federal income taxes received, net of refunds, in 2008 was \$0 and federal income taxes received, net of refunds, in 2007 was \$0.

A. Components of Deferred Tax Assets (DTAs) and Deferred Tax Liabilities (DTLs)

The components of the net deferred tax assets for the years ended December 31, are as follows:

Description	2008	2007
Total gross deferred tax assets	\$682,261	\$0
Total gross deferred tax liabilities	0	0
Net deferred tax asset	682,261	0
Deferred tax assets nonadmitted	(344,903)	0
Net admitted deferred tax asset	337,358	0
Increase (decrease) in nonadmitted deferred tax assets	\$344,903	\$0

B. Unrecognized DTLs

There are no unrecognized deferred tax liabilities.

C. Current Tax and Change in Deferred Tax

The current provision for incurred taxes on earnings for the years ended December 31, are as follows:

Notes to Financial Statement

Description	2008	2007
Current income tax expense	(\$1,650,202)	\$0
Total current federal income tax provision	(\$1,650,202)	\$0

The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities at December 31, are as follows:

Deferred tax assets	2008	2007	Change
Other insurance reserves	\$595,000	\$0	\$595,000
Unpaid losses and CAE	83,728	0	83,728
Nonadmitted assets	3,533	0	3,533
Total deferred tax assets	682,261	0	682,261
Non admitted deferred tax assets	(344,903)		(344,903)
Admitted deferred tax assets	\$337,358	0	\$337,358

The change in net deferred income taxes for the years ended December 31, comprises the following:

	2008	2007
Change in deferred tax assets	\$682,261	\$0
Change in deferred tax liabilities	0	0
Net deferred tax asset/(liability)	682,261	0
Less: Change in deferred on unrealized gain/(loss)	0	0
Change in net deferred income tax	\$682,261	\$0

D. Reconciliation of Federal income Tax Rate to Actual Effective Rate

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate of 35% to income before income taxes. The significant items causing this difference are as follows:

Description	2008		
	Amount	Tax Effect	Effective Tax Rate
Tax provision at the federal statutory rate	(\$6,627,946)	(\$2,319,781)	35.00%
Tax effect of nonadmitted assets	(10,093)	(3,533)	0.07%
Deferred corrections	(1,545)	(541)	0.01%
Pre-acquisition taxes paid by S-Corp shareholders	(24,595)	(8,608)	0.17%
Total	(\$6,664,179)	(\$2,332,463)	35.26%

Current federal income tax provision	(\$1,650,202)	33.49%
Change in net deferred income tax	(682,261)	1.77%
Total statutory income taxes	(\$2,332,463)	35.26%

E. At December 31, 2008 the Company had no net operating losses expiring through the year 2028. Income tax expense of \$0 and \$0 for 2008 and 2007, respectively, is available for recoupment in the event of future net losses.

10. Information Concerning Parent, Subsidiaries and Affiliates and Other Related Parties:

A. B. C. & D.:

- (1) The Company was incorporated on May 3, 2007, and all stock is owned by Holdings. The Company is a corporation organized pursuant to the laws of the District of Columbia. In August 2007, Holdings funded the Company with a payment of \$1,500,000 (\$1,000 for common stock and \$1,499,000 as additional paid-in-capital).
- (2) Holdings, (the Parent) funded the Company with additional payment of \$3,000,000 which was recorded as additional paid-in-capital in December 2008.
- (3) Three Rivers Holdings, Inc. a corporation organized pursuant to the laws of the State of Delaware, and parent of the Company, was acquired by AmeriChoice, a United Health Group company on May 31, 2008.
- (4) At December 31, 2008, the Company reported the following amounts receivable/payable:
 - (a) \$424,875 receivable from UAS for amounts due under the Managed Care Operations Outsourcing Agreement. Payment is made monthly. Total expense incurred under this agreement for 2008 is \$4,315,999.
 - (b) \$424,000 payable to UnitedHealth Group, Inc. for amounts due under the Tax Sharing Agreement.

E. The Company has not guaranteed any undertakings by affiliates.

F. The Company has the following related party agreements:

- (1) The Company is a party to a Managed Care Operations Outsourcing Agreement with UAS, a limited liability company which is one-hundred percent (100%) owned by Three Rivers Holdings, Inc. Under the agreement, UAS performs all operational services necessary for the Company to carry on its HMO business in return for a percentage of revenue fee, excluding investment income, adjusted annually to actual cost. UAS engages in no activities other than the performance of services for the companies

Notes to Financial Statement

- within the holding company system. The Managed Care Operations Outsourcing Agreement with UAS terminates on April 30, 2009, with automatic renewals for successive one-year terms unless either party to the agreement gives notice of termination.
- (2) As part of operations performed on behalf of the Company under the Managed Care Operations Outsourcing Agreement, UAS negotiated a PBM agreement with Rx Solutions, a related party. The Company is bound by the terms of that PBM agreement with Rx Solutions and is responsible for payment of the drug costs incurred thereunder.
 - (3) The Company has entered into a First Restated Tax Sharing Agreement with UnitedHealth Group, Inc. See Note 9. for details regarding this agreement.
- G. All of the stock of the Company is owned by Holdings, which is a corporation organized pursuant to the laws of the State of Delaware and acts as a holding company for the Company. Holdings, was acquired by AmeriChoice, a United Health Group company on May 31, 2008 and the Company is affiliated through common ownership with the companies detailed on Schedule Y – Part 1. The following companies are also wholly owned by Holdings: Unison Health Plan of Pennsylvania, Inc. (UHPPA), a Pennsylvania domiciled HMO, Unison Family Health Plan of Pennsylvania, Inc., a Pennsylvania domiciled HMO and subsidiary of UHPPA, Unison Health Plan of Tennessee, Inc., a Tennessee domiciled HMO, Unison Health Plan of South Carolina, Inc., a South Carolina domiciled HMO, Unison Health Holdings of Ohio, Inc. (UHHOH), a corporation organized pursuant to the laws of the State of Delaware, Unison Health Plan of Ohio, Inc., an Ohio domiciled Health Insuring Corporation and subsidiary of UHHOH, Unison Health Plan of New Jersey, Inc., a New Jersey domiciled HMO (certificate of authority surrendered on January 7, 2009), Unison Health Plan of Delaware, Inc., a Delaware Medicaid MCO, and Unison Administrative Services, LLC, a Pennsylvania limited liability company.
- H. The Company has no upstream intermediate entity or ultimate parent owned via a downstream subsidiary, controlled, or affiliated entity.
- I. J & K. The Company has no investments in an SCA.
- L. The Company has no investments in a downstream noninsurance holding company.
11. Debt:
- A. The Company has issued no capital notes or other debt instruments.
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans:
- A. The Company does not have any Defined Benefit Plans.
 - B. The Company does not have any Defined Contribution Plans.
 - C. The Company does not have any Multiemployer Plans
 - D. The Company has no employees and therefore has no retirement plans.
 - E. The Company has no Postemployment Benefits or Compensated Absences plans.
 - F. The Company has no Impact of Medicare Modernization Act on Postretirement Benefits to report.
13. Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations:
- (1) The Company has 1,000 common shares authorized, with 1,000 issued and outstanding.
 - (2) The Company has no preferred stock authorized or issued.
 - (3) Under the laws of the District of Columbia, each registered insurer shall report to the Commissioner all dividends and other distributions to shareholders within 15 business days following the declaration thereof.
- An extraordinary dividend or other extraordinary distribution to its shareholders cannot be made until (i) 30 days after the Mayor has received notice of the declaration and has not within this period disapproved such payment, or (ii) the Mayor shall have approved the payment within the 30-day period. An extraordinary dividend or distribution includes any dividend or distribution of cash or other property, whose fair market value together with that of other dividends or distributions made within the preceding 12 months exceeds the lesser of (i) 10% of such insurer's surplus as regards policyholders as of the 31st day of December next preceding, or (ii) net income, not including realized capital gains, for the 12-month period ending the 31st day of December next preceding, but shall not include pro rata distributions of any class of the insurer's own securities. In determining whether a dividend or distribution is extraordinary, an insurer may carry forward net income from the previous 2 calendar years that has not already been paid out as dividends. The carry-forward shall be computed by taking the net income from the second and third preceding calendar years, not including realized capital gains, less dividends paid in the second and immediate preceding calendar years.
- Notwithstanding any other provision of law, an insurer may declare an extraordinary dividend or distribution which is conditional upon the Mayor's approval, and such a declaration shall confer no rights upon shareholders until (i) the Mayor has approved payment of such a dividend or distribution, or (ii) the Mayor has not disapproved the payment within the 30-day period.
- (4) The Company had no ordinary or extraordinary dividends paid for the years ending December 31, 2008 and December 31, 2007.
 - (5) Per (3) above, there are no restrictions on the portion of the Company's profits that may be paid as ordinary dividends to the shareholder.
 - (6) The Company has no restrictions on unassigned surplus.
 - (7) The Company has no advances to surplus.
 - (8) The Company has no stock held for special purposes.

Notes to Financial Statement

- (9) The Company has no special surplus funds.
 - (10) The Company has no cumulative unrealized gains or losses.
 - (11) The Company has no surplus debentures or similar obligations.
 - (12) & (13) The Company has had no quasi-reorganizations.
14. Contingencies:
- A. The Company has no contingent commitments.
 - B. The Company has no reportable assessments.
 - C. The Company has no gain contingencies.
 - D. The Company has no claims related extra contractual obligation or bad faith losses stemming from lawsuits.
 - E. All Other Contingencies:
 - (1) The Company carries managed care errors and omissions insurance, that covers both potential liability of the Company as regards its managed care activities, i.e. utilization management, peer review, etc., and the potential professional liability of the individuals who perform those activities for the Company. That insurance coverage is a claims-made policy covering the Company and those individuals for incidents as long as the Company maintains coverage. To date, no malpractice or other professional liability actions were filed against the Company. Accordingly, no reserves are recorded in the accompanying statements of admitted assets, liabilities and net worth.
 - (2) In the normal course of business, third parties assert claims against the Company pertaining to various aspects of its operations. As of December 31, 2008, the only such claims asserted arose from medical service providers seeking additional reimbursement for services rendered to the Company's enrolled members. Management believes the amounts accrued for medical expenses are adequate to cover any such claims.
15. Leases:
- A. The Company has no lessee arrangements.
 - B. The Company has no lessor business activities.
16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk:
- A. The Company has no financial instruments with off-balance-sheet risk and none with concentrations of credit risk.
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities:
- A. The Company has no transfers of receivables reported as sales.
 - B. The Company has no transfers of financial assets.
 - C. The Company has no wash sales.
18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans:
- A. The Company has no uninsured plans.
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators:
- A. The Company has no direct premium written by Managing General Agents or Third Party Administrators.
20. Other Items:
- A. The Company has no Extraordinary Items to report.
 - B. The Company has no Debt Restructuring.
 - C. The Company has no Unusual Items to report.
 - D. The Company has no Uncollectible Assets to report.
 - E. The Company has no Business Interruption Insurance Recoveries to report.
 - F. The Company has no State Transferable Tax Credits to report.
 - G. The Company has no Hybrid securities to report.
 - H. The Company has no Subprime Mortgage Related Risk Exposure to report.
21. Events Subsequent:
- A. Type I – The Company has no Type I subsequent events to report.
 - B. Type II – UnitedHealth Group, Inc. funded the Company with a payment of \$10,000,000 which was recorded as additional paid-in-capital in February 2009.
22. Reinsurance
- A. Ceded Reinsurance Report:
 - Section 1 – General Interrogatories
 - (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (X)

Notes to Financial Statement

If yes, give full details.

- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes (X) No ()

- a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate

\$ none

- b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement?

\$ 190,307

- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of payment or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate.

\$ none

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments?

\$ none

B. The Company has no uncollectible reinsurance that was written off.

C. The Company has no commutation of reinsurance.

23. Retrospectively Rated Contracts and Contracts Subject to Redetermination:

- A. The Company has no retrospectively rated contracts.

24. Changes in Incurred Claims and Claims Adjustment Expense:

- A. The Company records a liability for claims, which are expected to be paid after the end of the reporting period, for services provided to members during the period. These accruals are continually monitored and reviewed and, as settlements are made or accruals adjusted, differences will be reflected in current operations.

25. Intercompany Pooling Arrangements:

- A. The company has no Intercompany Pooling Arrangements.

Notes to Financial Statement

26. Structured Settlements (not applicable)

27. Health Care Receivables:

A. Pharmaceutical Rebate Receivables

Current quarter Pharmacy Rebates are estimated per member per month (PMPM) based on previous history, adjusted for known reductions in rebates. The first previous quarter is reported based on the report from our pharmacy benefit manager (PBM) listing rebates invoiced. The Company generally receives a notice from the PBM in the second month following the end of each quarter, listing the rebate amounts billed by manufacturer.

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements (Original Estimate)	Pharmacy Rebates as Invoiced/ Confirmed	Actual Rebates Collected Within 90 Days of receiving Invoice	Actual Rebates Collected Within 91 to 180 Days of receiving Invoice	Actual Rebates Collected More Than 180 Days After receiving Invoice
12/31/08	6,729				
9/30/08	80,313	10,085			
6/30/08	840	18	11		

B. The Company has no Risk Sharing Receivables.

28. Participating Policies:

A. The Company has no Participating Policies.

29. Premium Deficiency Reserves:

A. As of December 31, 2008, the Company had liabilities of \$1,700,000 related to premium deficiency reserves. The Company did not consider anticipated investment income when calculating its premium deficiency reserves.

30. Anticipated Salvage and Subrogation

A. The Company has no anticipated salvage and subrogation.

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes[X] No[]
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes[X] No[] N/A[]
District of Columbia
- 1.3 State Regulating?
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

07/26/2007
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

08/31/2007
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

02/10/2008
- 3.4 By what department or departments?
District of Columbia Department of Insurance, Securities and Banking
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

Yes[] No[] N/A[X]
Yes[] No[] N/A[X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with?
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business?

Yes[] No[X]
- 4.12 renewals?

Yes[] No[X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business?

Yes[] No[X]
- 4.22 renewals?

Yes[] No[X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes[] No[X]
- 7.2 If yes,
- 7.21 State the percentage of foreign control

0.000%
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e., the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
		Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Ernst & Young, LLP, 2100 One PPG Place, Pittsburgh, PA 15222
10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Barbara V. Scheil, FSA, MAAA, Barbara V. Scheil and Associates, Ltd., 11462 Rockville Rd., PO Box 249, Rockville, Virginia 23146
- 11.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes[] No[X]
- 11.11 Name of real estate holding company
- 11.12 Number of parcels involved

0
- 11.13 Total book/adjusted carrying value

\$ 0
- 11.2 If yes, provide explanation
12. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 12.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 12.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes[] No[] N/A[X]
Yes[] No[] N/A[X]
- 12.3 Have there been any changes made to any of the trust indentures during the year?

GENERAL INTERROGATORIES (Continued)

- 12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes?

Yes[] No[] N/A[X]
- 13.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes[X] No[]

13.1.1 Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

13.1.2 Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

13.1.3 Compliance with applicable governmental laws, rules and regulations;

13.1.4 The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

13.1.5 Accountability for adherence to the code.

13.1.1 If the response to 13.1 is No, please explain:

13.2 Has the code of ethics for senior managers been amended?

Yes[X] No[]

13.2.1 If the response to 13.2 is Yes, provide information related to amendment(s).

The code of ethics for senior managers was amended in the first quarter of 2008 to include language related to the Medicaid line of business and the District of Columbia Medicaid and Alliance programs. Additions include an enhanced description regarding operation of the Unison Compliance Program, clarification of the terms "vendors" and "subcontractors" as related to their obligations under the plan, and an expansion of the Conflicts of Interest section.

13.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]

13.3.1 If the response to 13.3 is Yes, provide the nature of any waiver(s).

BOARD OF DIRECTORS

14. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?

Yes[X] No[]
15. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes[X] No[]
16. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes[X] No[]

FINANCIAL

17. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes[] No[X]
- 18.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

18.1.1 To directors or other officers

\$ 0

18.1.2 To stockholders not officers

\$ 0

18.1.3 Trustees, supreme or grand (Fraternal only)

\$ 0
- 18.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):

18.2.1 To directors or other officers

\$ 0

18.2.2 To stockholders not officers

\$ 0

18.2.3 Trustees, supreme or grand (Fraternal only)

\$ 0
- 19.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes[] No[X]
- 19.2 If yes, state the amount thereof at December 31 of the current year:

19.2.1 Rented from others

\$ 0

19.2.2 Borrowed from others

\$ 0

19.2.3 Leased from others

\$ 0

19.2.4 Other

\$ 0
- 20.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes[] No[X]
- 20.2 If answer is yes:

20.2.1 Amount paid as losses or risk adjustment

\$ 0

20.2.2 Amount paid as expenses

\$ 0

20.2.3 Other amounts paid

\$ 0
- 21.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[] No[X]
- 21.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 0

INVESTMENT

- 22.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 22.3)

Yes[X] No[]
- 22.2 If no, give full and complete information, relating thereto:
- 22.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet, (an alternative is to reference Note 16 where this information is also provided)
- 22.4 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

Yes[] No[] N/A[X]
- 22.5 If answer to 22.4 is YES, report amount of collateral

\$ 0
- 22.6 If answer to 22.4 is NO, report amount of collateral

\$ 0
- 23.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 19.1 and 22.3).

Yes[X] No[]
- 23.2 If yes, state the amount thereof at December 31 of the current year:

23.2.1 Subject to repurchase agreements

\$ 0

23.2.2 Subject to reverse repurchase agreements

\$ 0

23.2.3 Subject to dollar repurchase agreements

\$ 0

23.2.4 Subject to reverse dollar repurchase agreements

\$ 0

23.2.5 Pledged as collateral

\$ 0

23.2.6 Placed under option agreements

\$ 0

23.2.7 Letter stock or securities restricted as to sale

\$ 0

23.2.8 On deposit with state or other regulatory body

\$ 300,466

23.2.9 Other

\$ 0
- 23.3 For category (23.27) provide the following:

1	2	3
Nature of Restriction	Description	Amount

- 24.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes[] No[X]
- 24.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes[] No[] N/A[X]

GENERAL INTERROGATORIES (Continued)

25.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

25.2 If yes, state the amount thereof at December 31 of the current year.

Yes[] No[X]

\$ 0

26. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping agreements of the NAIC Financial Condition Examiners Handbook?

26.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[] No[X]

1	2
Name of Custodian(s)	Custodian's Address
.....

26.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)
.....	There are no securities that require a custody agreement at 12/31/2008.

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year?

26.04 If yes, give full and complete information relating thereto:

Yes[] No[X]

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason
.....

26.05 Identify all investment advisers, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository Number(s)	Name	Address
.....

27.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])?

27.2 If yes, complete the following schedule:

Yes[] No[X]

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
27.2999 Total

27.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation
.....

28. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
28.1 Bonds .....	..... 300,466	..... 301,464	..... 998
28.2 Preferred stocks .....	.....	.....	.....
28.3 Totals .....	..... 300,466	..... 301,464	..... 998

28.4 Describe the sources of methods utilized in determining the fair values

The source for determination of fair values is the SVO when available or HUB/IDC where SVO is not available.

29.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

29.2 If no, list exceptions:

Yes[X] No[]

GENERAL INTERROGATORIES (Continued)
OTHER

30.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? \$ 0
30.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....

31.1 Amount of payments for legal expenses, if any? \$ 0
31.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....

32.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? \$ 0
32.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies officers or department of government during the period covered by this statement.

1 Name	2 Amount Paid
.....

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes[] No[X]

1.2 If yes, indicate premium earned on U.S. business only:

\$ 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ 0

1.31 Reason for excluding:

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$ 0

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$ 0

1.6 Individual policies - Most current three years:

1.61 Total premium earned

\$ 0

1.62 Total incurred claims

\$ 0

1.63 Number of covered lives

..... 0

All years prior to most current three years:

1.64 Total premium earned

\$ 0

1.65 Total incurred claims

\$ 0

1.66 Number of covered lives

..... 0

1.7 Group policies - Most current three years:

1.71 Total premium earned

\$ 0

1.72 Total incurred claims

\$ 0

1.73 Number of covered lives

..... 0

All years prior to most current three years:

1.74 Total premium earned

\$ 0

1.75 Total incurred claims

\$ 0

1.76 Number of covered lives

..... 0

2. Health Test

		1	2
		Current Year	Prior Year
2.1	Premium Numerator	32,571,324	.....
2.2	Premium Denominator	32,571,324	.....
2.3	Premium Ratio (2.1 / 2.2)	1.000	.....
2.4	Reserve Numerator	11,668,908	.....
2.5	Reserve Denominator	11,668,908	.....
2.6	Reserve Ratio (2.4 / 2.5)	1.000	.....

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes[] No[X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes[X] No[]

4.2 If not previously filed furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes[] No[X]

5.1 Does the reporting entity have stop-loss reinsurance?

Yes[X] No[]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical

\$ 210,000

5.32 Medical Only

\$ 0

5.33 Medicare Supplement

\$ 0

5.34 Dental & Vision

\$ 0

5.35 Other Limited Benefit Plan

\$ 0

5.36 Other

\$ 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

Hold harmless agreements are included in all provider contracts. An endorsement to our Medicaid and Alliance reinsurance contract provides for the reinsurer ro reimburse expenses incurred by covered persons from the beginning of the insolvency to the end of the prepaid permium period, at which time the member obtains benefits from another Medicaid and Alliance HMO.

7.1 Does the reporting entity set up its claim liability for provider services on a service date base?

Yes[X] No[]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

..... 0

8.2 Number of providers at end of reporting year

..... 1,976

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes[] No[X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

..... 0

9.22 Business with rate guarantees over 36 months

..... 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes[] No[X]

10.2 If yes:

10.21 Maximum amount payable bonuses

\$ 0

10.22 Amount actually paid for year bonuses

\$ 0

10.23 Maximum amount payable withholds

\$ 0

10.24 Amount actually paid for year withholds

\$ 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes[] No[X]

11.13 An Individual Practice Association (IPA), or,

Yes[] No[X]

11.14 A Mixed Model (combination of above)?

Yes[] No[X]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements?

Yes[X] No[]

11.3 If yes, show the name of the state requiring such net worth.

District of Columbia

11.4 If yes, show the amount required.

\$ 1,775,135

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes[] No[X]

11.6 If the amount is calculated, show the calculation.

Greater of \$1,000,000 or Premium Revenues, first \$150M at 2% and over \$150M at 1%, or uncovered expenditures, or 8% of FFS and hospital non-contracted costs, except those paid on a capitated basis, and 4% of contracted hospital costs per DT ST 31-3412 2 (A, B, C, & D i, ii.)

12. List service areas in which the reporting entity is licensed to operate:

1
Name of Service Area
District of Columbia
Ward #1
Ward #2
Ward #3
Ward #4
Ward #5

GENERAL INTERROGATORIES (Continued)

1	
Name of Service Area	
Ward #6	.....
Ward #7	.....
Ward #8	.....

FIVE-YEAR HISTORICAL DATA

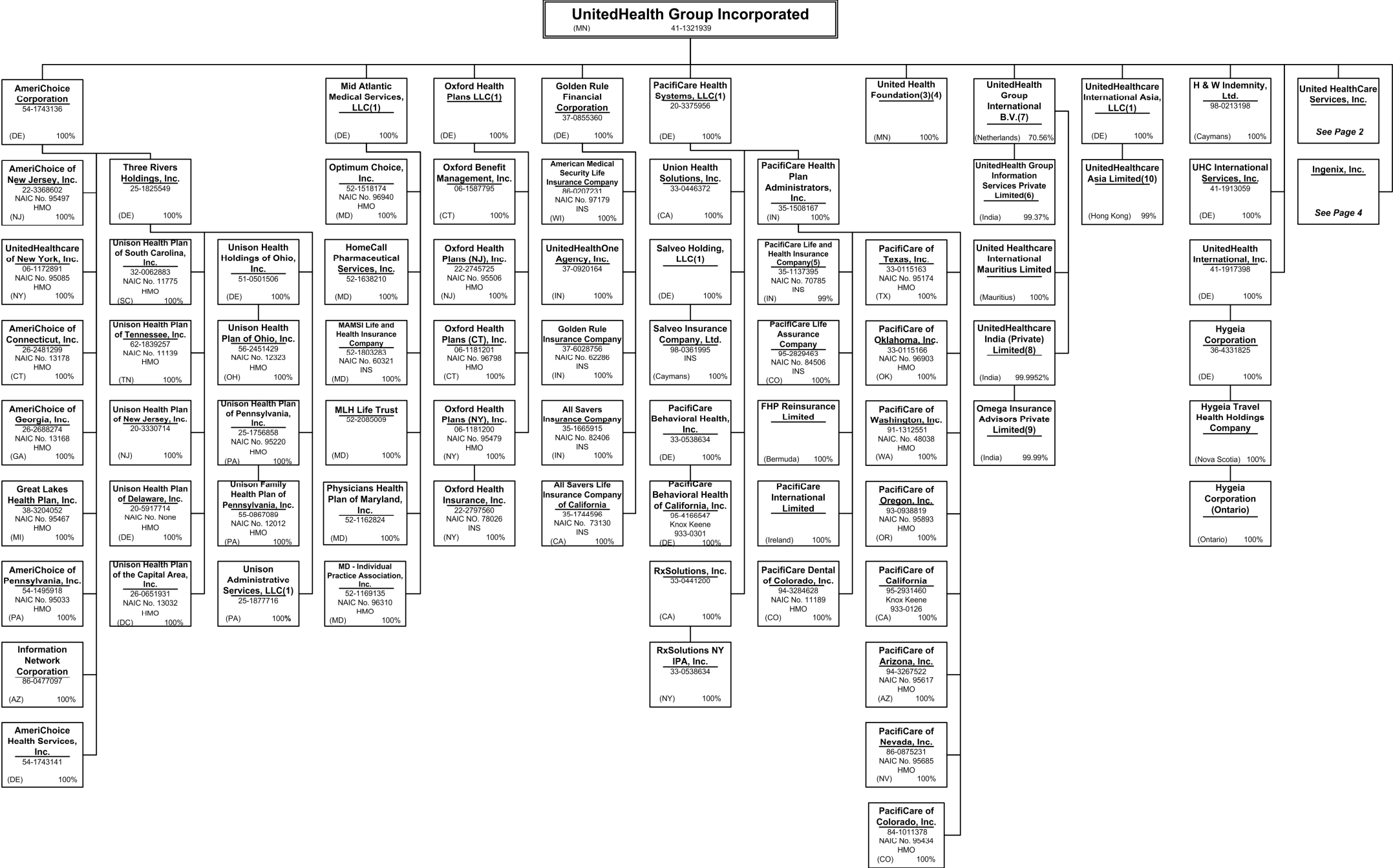
	1 2008	2 2007	3 2006	4 2005	5 2004
BALANCE SHEET (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 26)	14,640,541	1,526,916			
2. Total liabilities (Page 3, Line 22)	14,764,103				
3. Statutory surplus	1,775,135	1,500,000			
4. Total capital and surplus (Page 3, Line 31)	(123,562)	1,526,916			
INCOME STATEMENT (Page 4)					
5. Total revenues (Line 8)	32,571,324				
6. Total medical and hospital expenses (Line 18)	32,662,665				
7. Claims adjustment expenses (Line 20)	1,286,432				
8. Total administrative expenses (Line 21)	3,683,659				
9. Net underwriting gain (loss) (Line 24)	(6,761,432)				
10. Net investment gain (loss) (Line 27)	133,487	26,916			
11. Total other income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	(4,977,743)	26,916			
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	4,107,311	17,459			
RISK-BASED CAPITAL ANALYSIS					
14. Total adjusted capital	(123,562)	1,526,916			
15. Authorized control level risk-based capital	2,167,468	3,329			
ENROLLMENT (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	27,430				
17. Total members months (Column 6, Line 7)	165,783				
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	100.3				
20. Cost containment expenses	1.6				
21. Other claims adjustment expenses	2.3				
22. Total underwriting deductions (Line 23)	120.8				
23. Total underwriting gain (loss) (Line 24)	(21)				
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Column 5)					
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]					
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 25, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 39, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 53, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31					

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
ALLOCATED BY STATES AND TERRITORIES

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit - Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	L	16,511,967		16,216,655				32,728,622	
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	N								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	N								
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	N								
33.	New York (NY)	N								
34.	North Carolina (NC)	N								
35.	North Dakota (ND)	N								
36.	Ohio (OH)	N								
37.	Oklahoma (OK)	N								
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)	N								
40.	Rhode Island (RI)	N								
41.	South Carolina (SC)	N								
42.	South Dakota (SD)	N								
43.	Tennessee (TN)	N								
44.	Texas (TX)	N								
45.	Utah (UT)	N								
46.	Vermont (VT)	N								
47.	Virginia (VA)	N								
48.	Washington (WA)	N								
49.	West Virginia (WV)	N								
50.	Wisconsin (WI)	N								
51.	Wyoming (WY)	N								
52.	American Samoa (AS)	N								
53.	Guam (GU)	N								
54.	Puerto Rico (PR)	N								
55.	U.S. Virgin Islands (VI)	N								
56.	Northern Marianas Islands (MP)	N								
57.	Canada (CN)	N								
58.	Aggregate other alien (OT)	X X X								
59.	Subtotal	X X X	16,511,967		16,216,655				32,728,622	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	TOTAL (Direct Business)	(a) ... 1	16,511,967		16,216,655				32,728,622	
DETAILS OF WRITE-INS										
5801.	.....	X X X								
5802.	.....	X X X								
5803.	.....	X X X								
5898.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X								

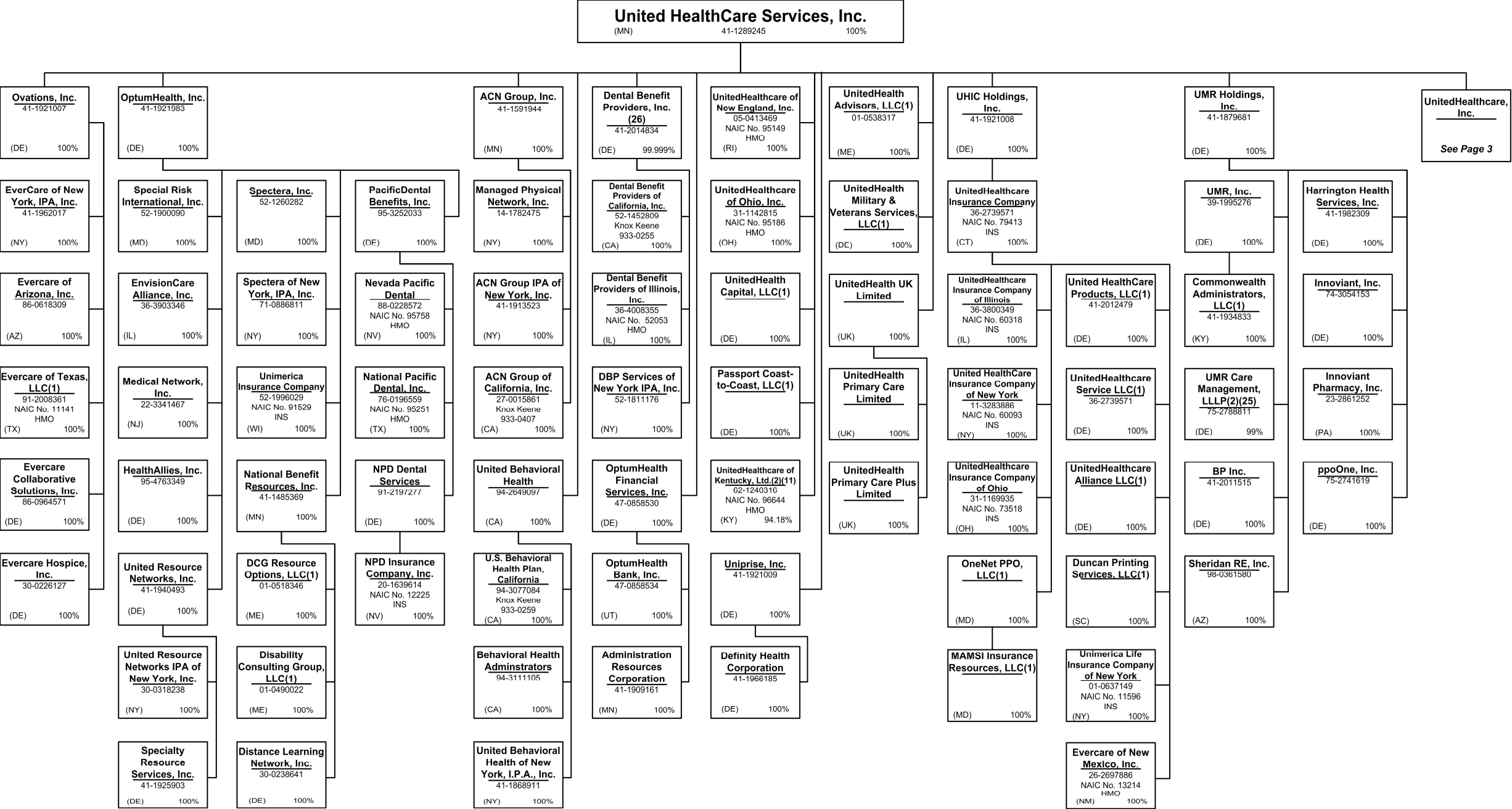
(a) Insert the number of L responses except for Canada and Other Alien.
Explanation of basis of allocation of premiums by states, etc.: There is no allocation of premiums by states as all premium is written in and allocable to the District of Columbia (DC).

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

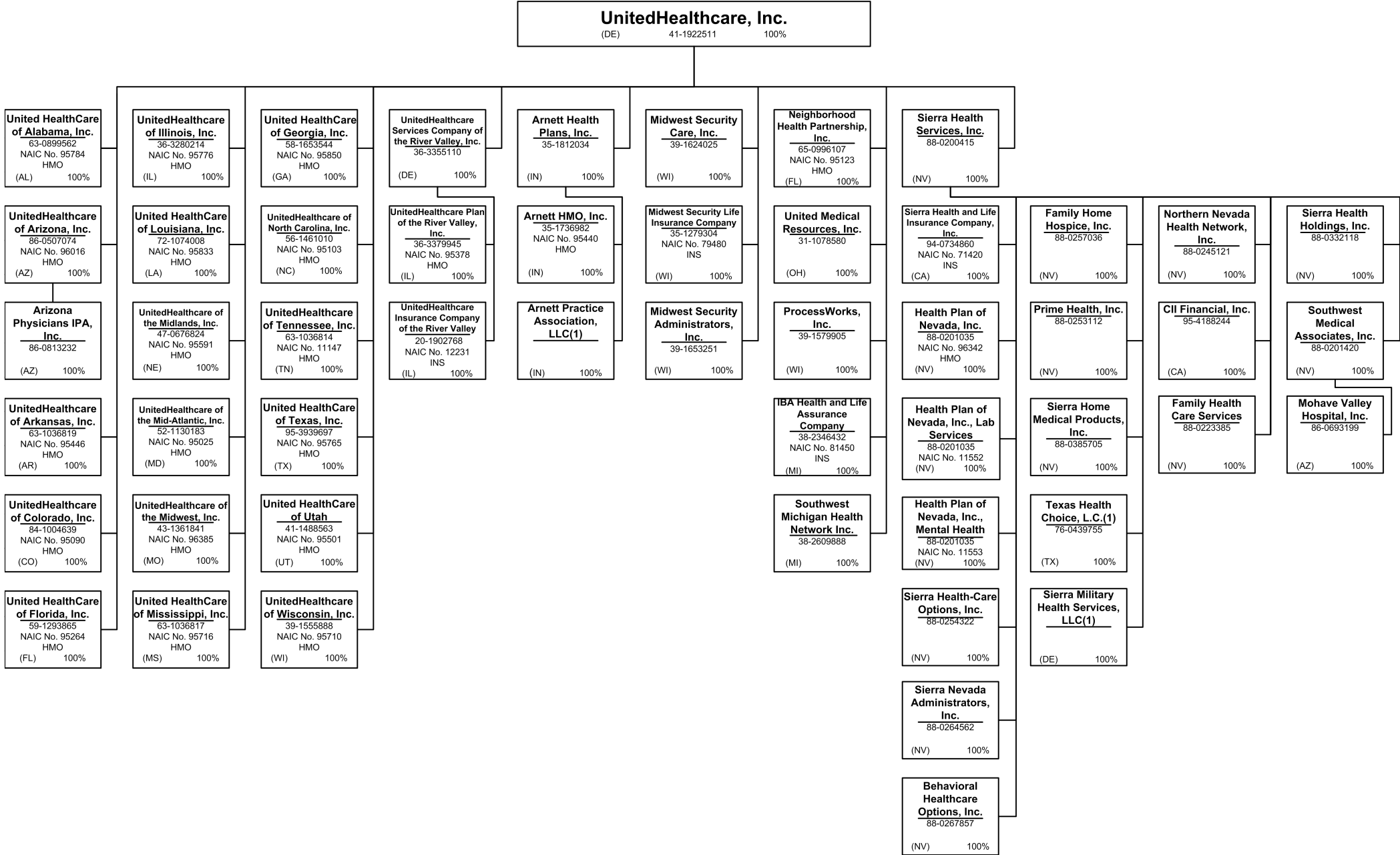


SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

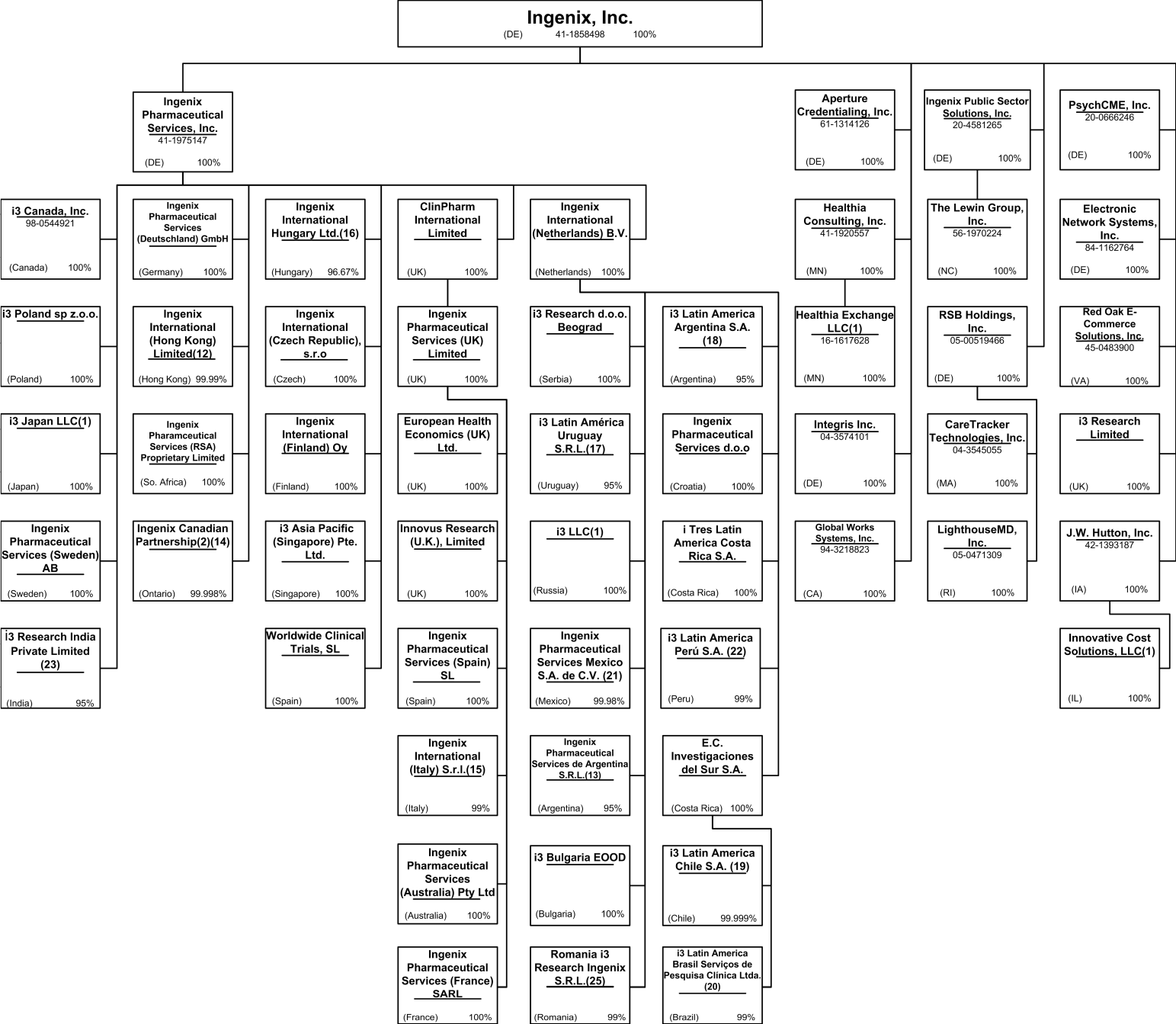
38.1



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

Notes

All legal entities on the Organization Chart are Corporations unless otherwise indicated.

(1) Entity is a Limited Liability Company

(2) Entity is a Partnership

(3) Entity is a Non-Profit Corporation

(4) Control of the Foundation is based on sole membership, not the ownership of voting securities

(5) PacifiCare Life and Health Insurance Company is 99% owned by PacifiCare Health Plan Administrators, Inc. and 1% owned by PacifiCare Health Systems, LLC

(6) UnitedHealth Group Information Services Private Limited is 99.37% owned by UnitedHealth Group International B.V.. The remaining 0.63% is owned by UnitedHealth International, Inc.

(7) UnitedHealth Group International B.V. is 70.56% owned by UnitedHealth Group Incorporated and 29.44% owned by United HealthCare Services, Inc.

(8) United Healthcare India (Private) Limited is 99.9952% owned by UnitedHealth Group International B.V. and 0.0048% owned by UnitedHealth International, Inc.

(9) Omega Insurance Advisors Private Limited is 99.99% owned by United Healthcare India (Private) Limited and 0.01% owned by an individual shareholder

(10) UnitedHealthcare Asia Limited is 99% owned by UnitedHealthcare International Asia, LLC and 1% owned by UnitedHealth International, Inc.

(11) General partnership interests are held by United HealthCare Services, Inc. (89.77%) and by UnitedHealthcare, Inc. (10.23%). United HealthCare Services, Inc. also holds 100% of the limited partnership interests. When combining general and limited partner interests, United HealthCare Services, Inc. owns 94.18% and UnitedHealthcare, Inc. owns 5.83%.

(12) Ingenix International (Hong Kong) Limited is 99.99% owned by Ingenix Pharmaceutical Services, Inc. and 0.01% owned by Ingenix, Inc.

(13) Ingenix Pharmaceutical Services de Argentina S.R.L is 95% owned by Ingenix International (Netherlands) B.V. and 5% owned by Ingenix, Inc.

(14) Ingenix Canada Partnership is 99.998% owned by Ingenix Pharmaceutical Services, Inc. and 0.002% owned by Ingenix, Inc.

(15) Ingenix International (Italy) S.r.l. is 99% owned by Ingenix Pharmaceutical Services (UK) Limited and 1% owned by Ingenix Pharmaceutical Services, Inc.

(16) Ingenix International Hungary Ltd.is 96.67% owned by Ingenix Pharmaceutical Services, Inc. and 3.33% owned by Ingenix, Inc.

(17) i3 Latin América Uruguay S.R.L. is 95% owned by Ingenix International (Netherlands) B.V. and 5% owned by Ingenix Pharmaceutical Services, Inc.

(18) i3 Latin America Argentina S.A. is 95% owned by Ingenix International (Netherlands) B.V. and 5% owned by Ingenix Pharmaceutical Services, Inc.

(19) i3 Latin America Chile S.A. is 99.999% owned by E.C. Investigaciones del Sur S.A. and 0.0001% owned by Ingenix Pharmaceutical Services, Inc.

(20) i3 Latin America Brasil Serviços de Pesquisa Clínica Ltda. Is 99% owned by E.C. Investigaciones del Sur S.A. and 1% owned by Ingenix Pharmaceutical Services, Inc.

(21) Ingenix Pharmaceutical Services Mexico S.A. de C.V. is 99.98% owned by Ingenix International (Netherlands) B.V. and 2.36% owned by E.C. Investigaciones del Sur S.A.. The remaining 0.02% is owned by i3 Latin America Argentina S.A..

(22) i3 Latin America Perú S.A. is 99% owned by Ingenix International (Netherlands) B.V. and 1% owned by i3 Latin America Argentina S.A.

(23) i3 Research India Private Limited is 95% owned by Ingenix Pharmaceutical Services, Inc. and 5% owned by Ingenix, Inc.

(24) Limited partnership interest is held by UMR Holdings, Inc.. (99%). General partnership interest is held by UMR, Inc. (1%)

(25) Romania i3 Research Ingenix S.R.L. is 99% owned by Ingenix International (Netherlands) B.V. and 1% owned by Ingenix Pharmaceutical Services (UK) Limited

(26) Dental Benefit Providers, Inc. is 99.999% owned by United HealthCare Services, Inc. and 0.001% owned by PacificDental Benefits, Inc.

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